



## Using the Early Childhood Outcome Screen

The Early Childhood Education Focus Group recently revised the Early Childhood Outcome Screen for use in the First 5 – Placer community. The revised screen and a set of Cues to help complete the screen are attached.

It has to be said that using the Early Childhood Outcome Screen is not simply filling out another piece of paper on a “client.” Rather, the outcome screen is a tool to help measure the results of services provided by your organization.

The outcome screen is one way to assess the comprehensive strengths and needs of a whole person, and then convert that assessment into numeric values for statistical analysis and learning. The outcome screen helps an organization to change its perspective (or lens) from one that views prenatal through 5 children and their family only in terms of the services provided by the organization to one that holistically views the whole family. Through this holistic lens, the child/family is seen as having multiple strengths as well as needs and there is recognition that the family interacts continuously within many different life domains. This understanding of the interconnectedness of the family with the rest of the community can help break the pattern of organizations that act as if they are separate from every other organization in the community – a mindset creates the “silo” effect that we hear so much about.

The organization that decides to use the outcome screen must do so from a philosophy that values results as well as process. Also, the organization must be accountable and accept responsibility for staying results-oriented even when it is difficult to do so. In this context, the services provided by the organization are considered “process” and the behaviors and/or conditions that result from the processes are considered “outcomes”.

To add meaning to the collection of outcome screen data, the data must be reviewed periodically. This review should go deeper than a cursory review by one person. Also, in order for data analysis sessions to be more than academic exercises, any significant learning that emerges must also be honored by the organization and acted upon, even if it means changing long-standing practices - particularly if those practices are blocking the child/family achievement of desired outcomes.

The First 5 – Placer Children and Families Commission’s commitment to support organizations that want to use the Early Childhood Outcome Screen include the following:

- We will provide training in the use of the outcome screen. The expectation is that the organization will internalize the training and become self-sufficient in training new staff.
- We will install free “Outcome Tracker” software to input outcome screen data.
- We will provide assistance in analyzing data and train organization staff to analyze data.

- We will provide training in methods to learn from data. If needed, we will provide facilitation for stakeholder meetings to learn from data.
- We will provide flexibility in our administrative relationship with the organization so that the organization can shift its First 5 resources to address outcome screen findings.

For more information about using the Early Childhood Outcome Screen contact either of the following:

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Please scroll down to see the following documents:

- ✓ Outcomes Screening Form (Early Childhood)
- ✓ CUES

# FIRST 5 – PLACER COUNTY

## OUTCOMES SCREENING FORM

### EARLY CHILDHOOD

To score, mark the appropriate rating of the individual's **current status** with a pencil or dark pen. Press down firmly.

Child's Name: \_\_\_\_\_ Date of Screening: \_\_\_\_\_

Screened by: \_\_\_\_\_ Agency: \_\_\_\_\_ Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Family number: \_\_\_\_\_

**Current residence:**

- |  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| <input type="radio"/> Relative's Home          | <input type="radio"/> Parents' Home | <input type="radio"/> Mother's Home    | <input type="radio"/> Father's Home |
| <input type="radio"/> Receiving Home           | <input type="radio"/> Friend's Home | <input type="radio"/> Adoptive Home    | <input type="radio"/> Foster Home   |
| <input type="radio"/> Battered Women's Shelter | <input type="radio"/> Hospital      | <input type="radio"/> Homeless Shelter | <input type="radio"/> Homeless      |
| <input type="radio"/> Other: _____             | (Place of residence)                |  |                                     |

**SAFE**

( 5 4 3 2 1 )

- |    |  |   |
|----|--|---|
| 1. | Cared for, protected, and receiving the necessities of life.   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 2. | Free of indicators of physical, sexual, or emotional violence. | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 3. | Not at risk of injury or illness.                              | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 4. | Demonstrates appropriate self-comforting behavior.             | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**HEALTHY**

( 5 4 3 2 1 )

- |     |   |   |
|-----|---|---|
| 5.  | Free of disease or illness; or, disease or illness medically managed.                 | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 6.  | Receiving nutritious foods to meet daily needs.                                       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 7.  | Free of exposure to illicit drugs, alcohol, tobacco, and other environmental hazards. | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 8.  | Engages in unrestricted play time.  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 9.  | Achieving appropriate level of physical development.                                  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 10. | Achieving appropriate level of emotional development.                                 | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**AT HOME**

( 5 4 3 2 1 )

- |     |  |   |
|-----|--|---|
| 11. | Living in a safe, stable, and nurturing environment.                   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 12. | Interacting appropriately with all other persons at current residence. | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**LEARNING**

( 5 4 3 2 1 )

- |     |   |   |
|-----|---|---|
| 13. | Participating in a learning environment with appropriate interactive enrichment activities. | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 14. | Achieving appropriate level of learning development.  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 15. | Achieving appropriate level of speech development.  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 16. | Experiencing age-appropriate social relationships with other children.                      | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**PARENT/CAREGIVER**

( 5 4 3 2 1 )

- |     |  |   |
|-----|--|---|
| 17. | Participating in a formal or informal family support network.                    | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 18. | Experiencing a positive relationship with the child.                             | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 19. | Engaged in positive parenting and child development practices.                   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 20. | Satisfied with their knowledge of and ability to foster the child's development. | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

# FIRST 5 – PLACER COUNTY

## OUTCOMES SCREENING FORM

### EARLY CHILDHOOD

#### Instructions and Screening Key

**PURPOSE:**

The outcome screening form is used to track and monitor the child's progress to ensure that the services provided are meeting the needs of the child and are positively affecting important areas of his/her life.

**GENERAL INSTRUCTIONS:**

- Use your best professional judgment when completing this form.
- On the key below, "yes" may mean "*mostly yes*"; "no" may mean "*mostly no*."
- You are encouraged to complete the screening form jointly with the child or family being screened.
- Screens completed by more than one person tend to be more accurate than screens scored by only one person.
- Attempt to rate each indicator.

**SCREENING KEY:**

#### Participating in outside assistance

		Yes	No
Indicator statement currently is true	Yes	<b>4</b>  participating in outside assistance to sustain the indicator	<b>5</b>  self-sufficient in sustaining the indicator and does not require outside assistance.
	No	<b>3</b>  trying to achieve the indicator, either independently or with outside assistance.	<b>2</b>  not participating in assistance to achieve the indicator, or not trying to achieve the indicator.
		<b>1</b>  <i>immediate</i> outside assistance is required	

# CUES

## Early Childhood Outcome Screen (Child, Birth – 5/Parent/Caregiver)

### SAFE

1. **Cared for, protected, and receiving the necessities of life.**  
Food, shelter, clothing; responsible individual provides care for the child; safety from other residents who live there.
2. **Free of indicators of physical, sexual or emotional violence.**  
Physical and emotional assessment (ASQ-SE); domestic violence assessment.  
**If a child abuse or neglect is suspected – discuss with supervisor and contact ACCESS and complete Suspected Child Abuse Reporting Form.**
3. **Not at risk of injury or illness.**  
Safe/sanitary home environment; appropriate supervision; child safety; up to date immunizations; safe food handling practices; car seat use.
4. **Demonstrates appropriate self comforting behavior.**  
Self consoling, coping mechanisms, ability to be redirected.

### HEALTHY

5. **Free of disease or illness; or disease or illness medically managed.**  
Access and maintenance of health and dental care, health care provider, compliance with medical regime, ER and doctor visits, FTT, physical assessment, appropriateness of cultural remedies, HIV status, eating disorders. (Referrals – i.e., CHDP, CCS, CHC, PMD/PCP, etc.).
6. **Receiving nutritious foods to meet daily needs.**  
Limited fast food; no sodas; no juice in bottle – limited in cup; limited sweets; introduction of age-appropriate foods, nutritious food/balanced diet; food not used to comfort or reward. (Referrals to WIC, Nutrition Best, Project Mana, Baby Bank).
7. **Free of exposure to illicit drugs, alcohol, tobacco, and other environmental hazards.**  
Second hand smoke, lead, alcohol, drugs, chemicals, and not tox ⊕ at birth, etc.
8. **Engages in unrestricted play time.**  
Some time not in contained space, i.e., appropriate floor time (no walkers, limited swing, jumpers, etc.)
9. **Achieving appropriate level of physical development.**  
Physical and developmental assessments (Ages & Stages, Denver, Desired Results, other appropriate agency instrument).

10. **Achieving appropriate level of emotional development.**  
Assessment (Ages & Stages - Social Emotional; Desired Results-other appropriate agency instrument) appropriately bonded to caring adult; healthy sleep habits (Referrals-ECRSP).

#### AT HOME

11. **Living in a safe, stable, and nurturing environment.**  
Maintaining own living environment, i.e. housing, income, utilities working, basic furnishings and clothing.
12. **Interacting appropriately with all other persons at current residence.**  
Appropriately bonded with caregiver; healthy sibling interaction; not overly affectionate with strangers, normal separation anxiety and normal stranger anxiety

#### LEARNING

13. **Participating in a learning environment with appropriate interactive enrichment activities.**  
Home visiting programs; pre-school; child care; developmental interventions; educational toys, books, etc. shared with adult caregiver, mommy & me classes; Gymboree, Co-ops, etc.
14. **Achieving appropriate level of learning development.**  
Developmental assessments. (Assessments ASQ, Denver, Desired Results, other appropriate assessments.)
15. **Achieving appropriate level of speech development.**  
Developmental assessments. (Assessments ASQ, Denver, Desired Results, other appropriate assessments.)
16. **Experiencing age-appropriate social relationships with other children.**  
Able to engage in independent play, parallel play, and interactive play as appropriate.

#### PARENT/CAREGIVER

17. **Participating in a formal or informal family support network.**  
Family support system, church, friends, FRCs, Warmline, HS/EHS, school, support group, parenting classes, co-workers, clubs, etc.
18. **Experiencing a positive relationship with the child.**  
Bonded, attached, observe parents' response to child.
19. **Engaged in positive parenting and child development practices.**  
Redirection, limit setting, providing age-appropriate activities, age-appropriate expectations (such as toilet training), allowing appropriate choices, encouragement, positive reinforcement, and appropriate consequences.
20. **Satisfied with their knowledge of and ability to foster the child's development.**  
Satisfied with their own knowledge of their parenting skills; feels adequate as parent.

## GLOSSARY

**SMART** –Placer County System Management, Advocacy and Resource Team  
**ASQ-SE** –Ages and Stages Questionnaire: Social-Emotional  
**ACCESS** –Placer County Adult, Child and Community Emergency Services System  
**Suspected Child Abuse Reporting Form** –to report suspected child abuse or neglect  
**ER** –emergency response  
**FTT** –failure to thrive  
**HIV** –human immunodeficiency virus  
**CHDP** –Child Health and Disability Prevention program  
**CCS** –California Children’s Services  
**CHC** –Child Health Clinic  
**PMD/PCP** –primary medical doctor / primary care provider  
**WIC** –Women, Infants and Children program  
**Nutrition Best** –local nutrition program funded by First 5 –Placer County  
**Project Mana** (Making Adequate Nutrition Accessible) –North Tahoe hunger relief program  
**Baby Bank** –Roseville food and nutrition education program for families with young children  
**Tox +** (tox positive) –drug exposed  
**Ages & Stages** –Ages and Stages Questionnaire  
**Denver** –child development screening tool  
**Desired Results** –list of indicators for children and families  
**ECRSP** –Early Childhood Relationship Support Program funded by First 5 – Placer County  
**Mommy and Me classes** –playgroups, activities, and parent/child classes  
**Gymboree** –activities program  
**Co-ops** –informal play groups and support groups  
**ASQ** –Ages and Stages Questionnaire  
**FRCs** –Family Resource Centers  
**Warmline** –family resource center serving Placer County  
**HS/EHS** –Head Start / Early Head Start